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CIVIL AFFAIRS HANDBOOK

GERMANY

SECTION 13: PUBLIC HEALTH
AND SANITATION

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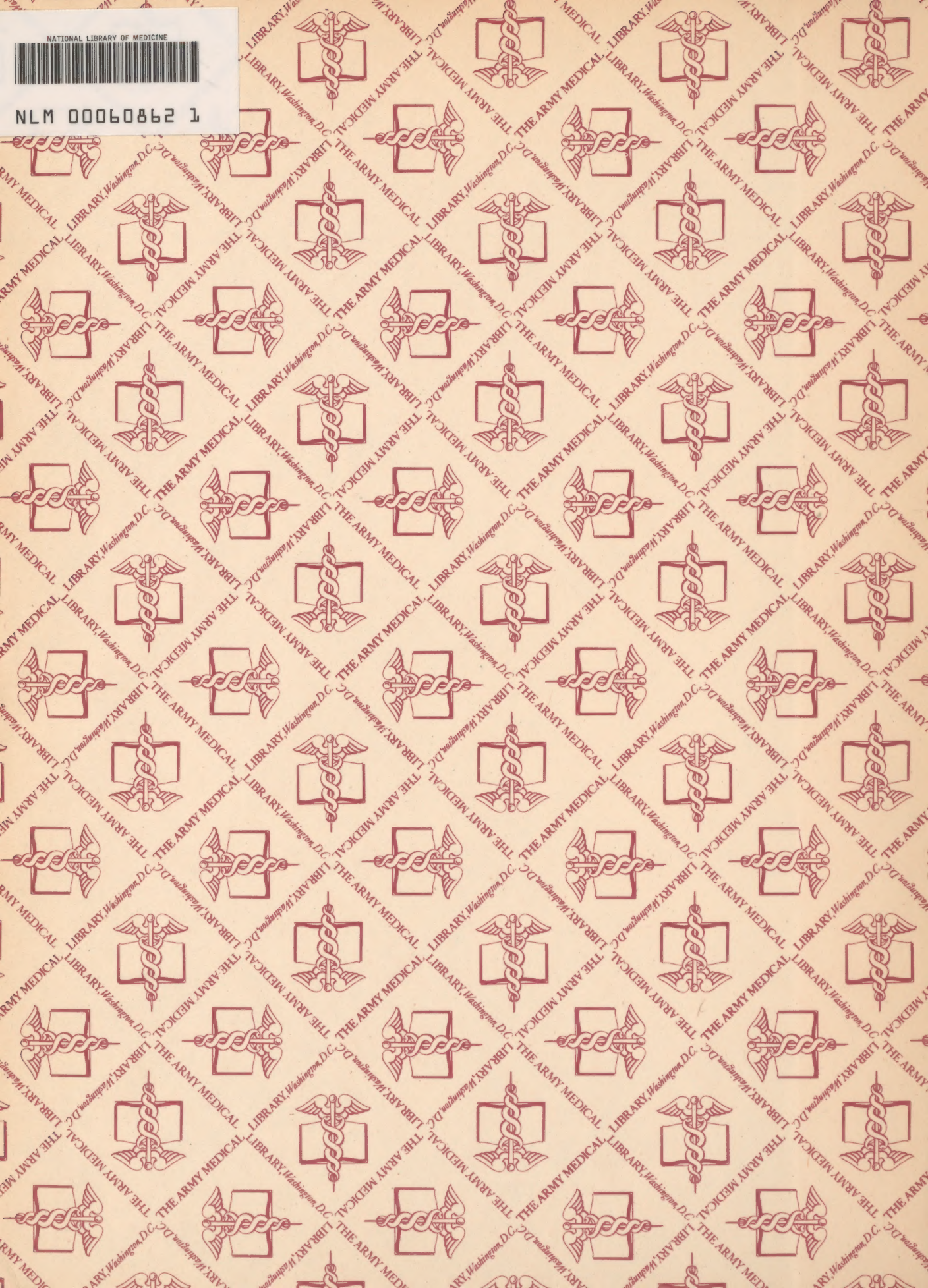
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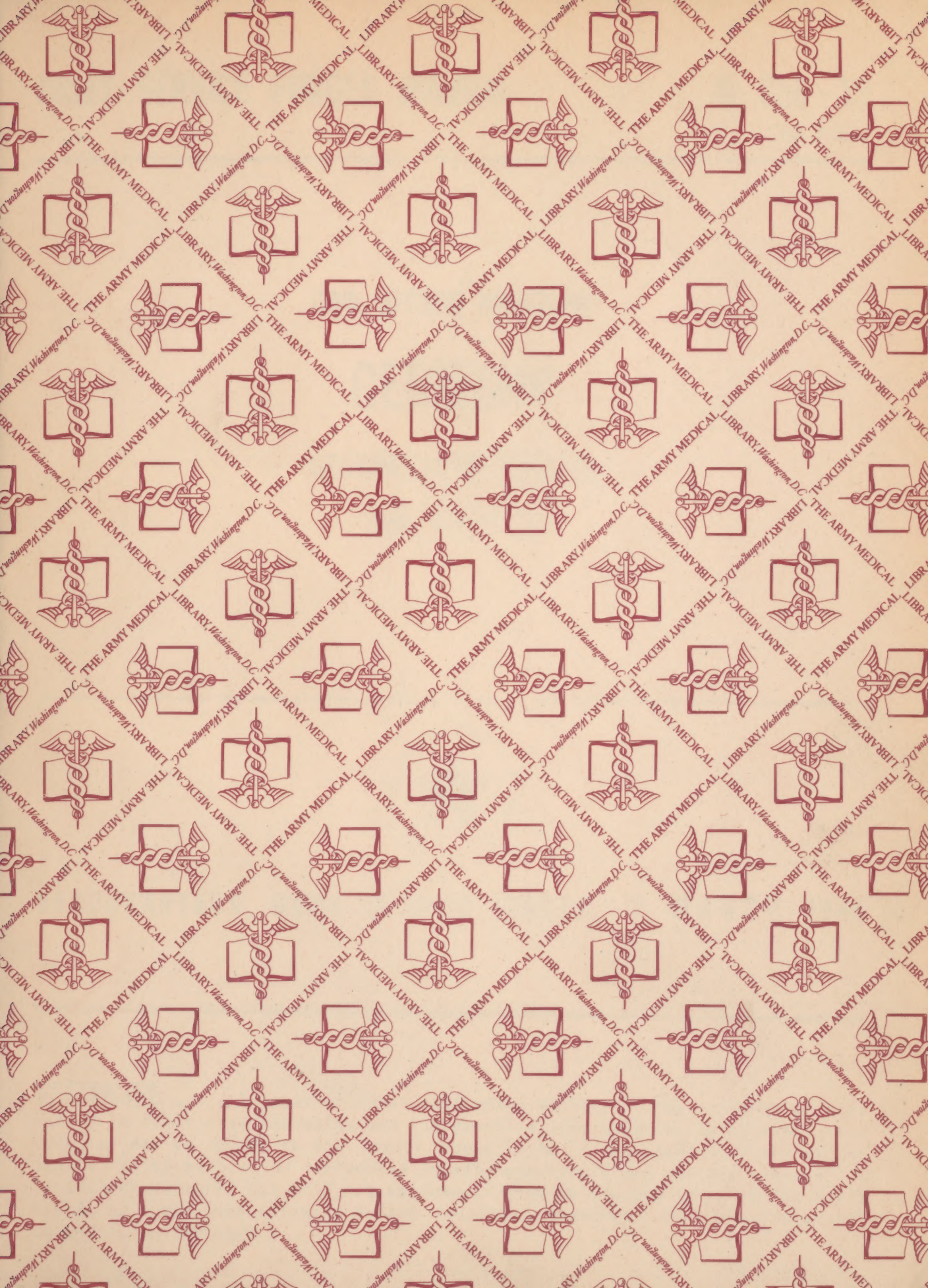
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CIVIL AFFAIRS HANDBOOK

GERMANY

**SECTION 13: PUBLIC HEALTH
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M1 - M99	Basic and Advanced Training
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M300 - M399	Civil Affairs
M400 - M499	Supply and Transportation
M500 - M599	Fiscal
M600 - M699	Procurement and Production
M700 - M799	Administration
M800 - M899	Miscellaneous
M900 up	Equipment, Materiel, Housing and Construction

* * *

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This study on Public Health and Sanitation in Germany was prepared for the

MILITARY GOVERNMENT DIVISION, OFFICE OF THE PROVOST MARSHAL GENERAL

by the

RESEARCH AND ANALYSIS BRANCH, OFFICE OF STRATEGIC SERVICES.

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C I V I L A F F A I R S H A N D B O O K S

T O P I C A L O U T L I N E

1. Geographical and Social Background
2. Government and Administration
3. Legal Affairs
4. Government Finance
5. Money and Banking
6. Natural Resources
7. Agriculture
8. Industry and Commerce
9. Labor
10. Public Works and Utilities
11. Transportation Systems
12. Communications
13. Public Health and Sanitation
14. Public Safety
15. Education
16. Public Welfare
17. Cultural Institutions

This study on Public Health and Sanitation in Germany was prepared for the MILITARY GOVERNMENT DIVISION, OFFICE OF THE PROVOST MARSHAL GENERAL by the RESEARCH AND ANALYSIS BRANCH OF THE OFFICE OF STRATEGIC SERVICES.

INTRODUCTION

Purposes of the Civil Affairs Handbook.

The basic purposes of civil affairs officers are (1) to assist the Commanding General by quickly establishing those orderly conditions which will contribute most effectively to the conduct of military operations, (2) to reduce to a minimum the human suffering and the material damage resulting from disorder and (3) to create the conditions which will make it possible for civilian agencies to function effectively.

The preparation of Civil Affairs Handbooks is a part of the effort to carry out these responsibilities as efficiently and humanely as is possible. The Handbooks do not deal with plans or policies (which will depend upon changing and unpredictable developments). It should be clearly understood that they do not imply any given official program of action. They are rather ready reference source books containing the basic factual information needed for planning and policy making.

Revision for Final Publication.

This section on Public Health and Sanitation in Germany should be considered as a preliminary draft. It will be revised at a later date.

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PUBLIC HEALTH AND SANITATION

Summary.

The supervision of all public health services is in the hands of the Reich and Prussian Ministry of the Interior, which, through a minister of health, directs activities at all the lower levels. The authority passes from Reich to state to district to county and municipal health offices. Most of the public health activities are actually carried out by health offices at the local level. These offices maintain "health" card files with full information on all individuals of the community. The public health services are integrated with those of the athletic, welfare, police, and education departments of the government and of the Nazi Party. The whole mechanism represents, on paper, an elaborate structure which allows its Nazi higher officials a maximum degree of control.

The growing shortages of medical personnel are reflected by the increasing number of women in medical schools, the number of older men continuing in practice, and the drastic shortening of medical curricula.

Though recent German data on equipment and supplies are inadequate and suspect, it is evident that there are shortages in bandages, gauze, adhesive tape, soap, iodine, alcohol, rubber gloves, and instruments of all kinds. Much of the equipment available is of inferior quality.

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Hospitals are overcrowded and beds insufficient for admission of civilians - a situation which will become worse as wounded soldiers take over more civilian beds.

Though the general death rate seems to be relatively low, and not on the increase, the infant mortality rates have risen.

Special disease problems are tuberculosis, diphtheria, scarlet fever, the enteric diseases, and typhus, with venereal diseases representing potentially serious threats.

Prophylaxis immunization against small pox is compulsory. No other immunizing procedures are required by law - a situation reflected in the high diphtheria incidence for the past several years.

Sanitary procedures have been generally at a high level in the past - detailed information is lacking at present, but it can be safely assumed that good sanitary control is becoming increasingly difficult under shortages of supplies and personnel.

A. Public Health Organization and Services (See Appendix 1 for organization chart.)

1. National Government. Since 1935, all health organizations of the Reich are supervised by the Reich and Prussian Minister of the Interior. The ministerial director in charge of the public health section of the Ministry is also the head of the Reichscommittee for People's Health (Reichsausschusses für Volksgesundheitsdienst), the

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State Academy of Medicine (Staatsmedizinische Akademie) in Berlin, and the Prussian State Health Council (Preussischen Landesgesundheitsrates.) The public health section (Reich Health Office - Reichsgesundheitsamt) of the Ministry of the Interior has two divisions--medical and veterinary. It has executive and legislative powers, and deals with the following matters pertaining to public health:

- (1) Administrative reorganization
- (2) Hygiene of inheritance
- (3) Racial questions
- (4) Population policy
- (5) Education of medical and public health personnel
- (6) Affairs of publicly-employed medical personnel
- (7) Preventive medicine
- (8) Policing of food-handlers
- (9) Veterinary medicine
- (10) Drugs and poisons
- (11) Medical research
- (12) Baths, spas, hospitals, and insane asylums
- (13) Red Cross activities

The Prussian State Health Council, an advisory body in administrative health questions, supervises the examination and employment of publicly-employed physicians. It is the supreme authority in advising the judiciary in matters requiring expert medical testimony.

The State Academy of Medicine gives preparatory training courses for those physicians who wish to obtain public positions.

The Reichscommittee for People's Health is composed of all organizations interested in the field of health, population policies, inheritance, and racial affairs. This body coordinates the directives of the Interior Ministry with the activities of its own member bodies.

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The Scientific Society of Public Health Physicians is composed of doctors employed by the Health Offices, and promotes the social and cultural affairs of its members. It publishes its own journal, Die Offentliche Gesundheitsdienst.

An advisory body, the Council of Experts for Population and Race Policies, prepares legislation in its own field. It is composed of leading Nazis and Nazi scientists.

The Reich Health Office, supervised by the Interior Ministry, is composed of the following departments:

- (1) Medical department
- (2) Veterinary department
- (3) Department of hereditary biology
- (4) Department of racial affairs
- (5) Department of food chemistry
- (6) Department of hygiene of water, soil, and air
- (7) Department of pharmacology
- (8) Department of physiology
- (9) Department of industrial hygiene
- (10) Department of drugs
- (11) Department of biochemistry

Research is carried on by some of these departments and the results are available to the Ministry and to other interested groups; this research is supervised by certain scientific institutes such as the Robert Koch Institute and the Institute for Water, Soil and Air Hygiene. The Robert Koch Institute, nominally headed by the President of the Reich Health Office, is located in Berlin. The actual supervision of the Institute in 1939 was in the hands of its then acting president, Dr. Gildemeister, who in cooperation with Haagen and others introduced into Germany a method of preparing typhus vaccine. The Institute is

divided into sections covering: Epidemiology, experimental therapeutics, tuberculosis, rabies, tropical diseases, sero-diagnosis, smallpox, histology and virus studies, chemistry.

In 1939, the Robert Koch Institute had about 100 employees; among its important activities was the control of vaccine and serum preparation.

The Institute for Water, Air and Soil Hygiene, located in Berlin, supervises the work of inspecting potential damage from unhygienic water, soil, and air. It is supposed to recommend corrective measures in its field.

2. Health Organization of Governmental Units of Intermediate Levels. 1

The Reich Ministry of the Interior gives instructions to district authorities through the state or provincial governments. The district authorities include medical personnel who supervise the county health officers. Further details of organization are given in Appendix 1.

1
3. Local Health Offices. In accordance with the law of 1 April 1935, all municipal and rural counties, numbering some 740, have health offices (Gesundheitsamt). The claim is made that with few exceptions every county and independent municipality (Kreis und kreisfreie Stadt) has its own health office. The exceptions were said to have been made because of anticipated administrative reorganization. Municipal counties of more than 400,000 population. Municipal counties of more than 400,000 population may maintain several branches of the health office. The same is true of a health office which has jurisdiction over several counties, or if its own county embraces several

large municipalities. Berlin, for example, has one principal health office and twenty branch offices.

In general, the health offices are instrumentalities of the state. There are, however, certain municipalities which maintain their own health offices. In such cases, their functions are supervised by state health officers and are carried out by the local health officer acting as an agent of the state.

Usually, each office is headed by a physician (Amtarzt) who is a state employee, but he may in certain instances be a municipal employee. He must be a licensed physician, is required to pass special examinations, and must have practised medicine for at least five years. Exceptions to this last rule may be made by the Minister of the Interior. The physician must also prove his own and his wife's Aryan ancestry. Similar qualifications are required for other medical personnel in the health office. Their duties may be specialized according to the departmentalization of the health office, and they may be appointed to act as deputies of the chief medical officer.

In appointing medical personnel special attention is paid to their training in National Socialist ideology and outlook (Weltanschauung). This is to insure close ties between the health office and the Nazi Party. Public health nurses serve as a link between the office and the general public. The offices are generally provided with physical

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facilities in the state or communal buildings, and are financed by county contributions or funds from public bodies.

Functions of the local health office comprise the following: ¹

- a. " Health police" medical activities
- b. Hereditary and racial affairs
- c. Popular health education
- d. School health care
- e. Maternal and child advice
- f. Care for the tuberculous
- g. Care for venereal disease patients
- h. Care of the crippled and handicapped and of drug addicts.

In general, the office supervises medical programs in the counties and is responsible for the execution of all legislation pertaining to health. It serves also to coordinate the medical activities of other public agencies. When requested it gives expert advice to governmental authorities and makes proposals to correct and improve health and hygiene. The office issues medical certificates whenever they are legally required. The office cooperates in sports and athletics projects. The following is a more detailed survey of the activities of the local health office.

a. It maintains files of the names of all physicians in the county and insures that medicine is practiced only by those who are eligible and qualified.

b. It supervises the dispensing of medications by drug-stores in accordance with statutory regulations.

c. It supervises the practice of midwifery and the training of midwives.

d. It supervises the activities of other medical and health personnel, such as nurses, exterminators (fumigators), and coroners.

e. It is required to periodically inspect local dwelling places and to report on their hygienic conditions. Likewise it must report on local soil and air hygiene. Building ordinances must be approved by the health office and the health officer gives expert testimony as to their suitability as judged by water supply, garbage removal, and sewage disposal.

f. It cooperates with the police in the supervising production and distribution of food.

g. It must analyze epidemic diseases and report on their incidence, and on their course, and must propose necessary preventive measures. The office enforces the reporting of such diseases and conducts investigations as to their origins. The following protective measures are generally applied by the police but may be handled directly by the office:

- (1) Observation of sick persons
- (2) Restriction of immigration in the locality
- (3) Isolation of patients at home and in the hospital
- (4) Placarding of buildings
- (5) Restrictions on industry and commerce
- (6) Regulations on the closing of schools
- (7) Fumigation and disinfection

h. It enforces smallpox vaccination.

i. It participates in police activities concerning public health with respect to industrial and commercial enterprises.

j. It is charged with the supervision of hospital institutions unless they are controlled directly by the state. Hospitals must be inspected at least once a year.

k. It participates in the elaboration of vital statistics.

l. It cooperates with the medical-care program for merchant mariners.

m. It cooperates with the many local organizations which are engaged in health matters such as: first aid, ambulance service, air-raid protective service, public baths, school baths, spas and mineral springs.

n. It is charged with the regulation of burial grounds and crematoria.

o. Under Naziism, the health office is designed to spread a propaganda relevant to race and heredity. It engages in active and vigorous campaigns in these fields, in close cooperation with the Party.

p. It integrates work pertaining to the health of schools, kindergartens, orphanages, and similar institutions.

q. It is supposed to carry on preventive medical procedures:

- (a) The office gives prenatal and postnatal advice and supervises the health of infants and children.
- (b) It coordinates all activities designed to promote the welfare of patients suffering from tuberculosis, venereal disease, physical deformities, drug addiction and invalidism. The health office maintains one or more welfare offices for the tuberculous where examinations and advice are given free of charge. This work in tuberculosis is effected in co-operation with the sick funds organization and the Reich Anti-tuberculosis Committee.
- (c) Prostitution and anti-venereal disease campaigns are supervised by the health office.

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r. It regulates all athletic programs with a view to preventing serious sequelae as a result of athletic activity, and takes measures to correct any pathology which may result.

s. The office is charged with the duties entailed in admitting the insane, psychopaths, epileptics, and the mentally deficient to institutions. It may initiate steps leading to sterilization as provided by law and supervises the custodial care of all these groups.

t. The functions of the police doctor are included in the work of this office, although arrangements can be made to have other medical personnel act as police doctors.

u. The health office is required to promote an active population policy both qualitatively and quantitatively. This entails race and heredity advice, family advice, and advice to prospective candidates for marriage. It grants health certificates to marital candidates and to applicants for naturalization.

As a result of the premarital examination the health officer can discourage any marriages in order to "prevent the procreation of sick people".

v. The health office maintains "a health file" (Erbbiologische Kartei) containing life and health records of the local population. This file is compiled with the help of the public registrars, police officers, and public and Party organizations.

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4. Social Insurance. The various insurance departments such as health, old age, and accident come under the jurisdiction of the Ministry of Labor.

A detailed description of German social insurance will be found in CAD Handbook IX: Labor, Part E.

B. Assistance of Private Agencies.²⁸

The Red Cross is supervised by the Minister of the Interior, and Hitler is called its "protector". All Red Cross members must swear loyalty to him. The organization is headed by an honorary president and by an executive president. The work of the president is supported by the advisory activities of his council, members of which are appointed and dismissed by him. The president's office is in charge of the various state offices whose jurisdiction corresponds to the military districts. State offices are headed by Red Cross State leaders appointed by the president. These officers in turn are in charge of Red Cross districts which correspond to the districts of the general administrative organization. The district office organizes and trains the operating units. (Bereitschaften). Each unit is subdivided into two or four platoons and each platoon has from two to four squads. Each squad is composed of twelve members. All members of the operating units must be "racially pure". Apart from the operating groups, Red Cross activities are carried on by nursing

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groups and general Red Cross organizations.

The executive president, in his capacity as Brigadefuhrer, is closely associated with one of the more aggressive sections within the Party organization. The Red Cross locals are subdivided into male and female organizations. Hitler has decreed that the transportation of the sick shall remain solely the duty of the Red Cross. He delegated his Reichsminister of Health, Dr. Conti, and the General Commissioner for Sanitation and Public Health, Dr. Brandt, to publish the executive arrangements necessary to fulfil his decree. All other organizations which formerly transported sick patients were ordered to turn over this activity to the Red Cross.

C. Medical Personnel and Facilities.

1. Medical personnel. In 1939, there were 47,725 physicians in Germany; this represented a decrease of 2,000 from the preceding year. Appendices 2 and 3 tabulate medical personnel for the years 1936-1939.

In 1942, there were 9,500 women physicians practising; this was an increase of nearly 3,000 over 1939 and represents the Nazi attempt to replace the losses of medical personnel at the front.² A great deal of the civilian medical burden is being carried by older physicians. There were practising, in May, 1943, 300 doctors aged 80 or older, and 3,000 over 70.³

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In some parts of the Reich, there is but one-third the former number of physicians.⁴ In order to spread the services of the limited medical personnel the authorities have permitted certain lapses in regular procedure. The inspection of the state and communal health offices - ordinarily done triennially - has been postponed until the end of the war. Medical certificates are no longer necessary for women who are to marry military personnel. There has been an attempt further to conserve personnel resources by collectivizing certain medical services. In 1942, there was a great increase in the number of "work-doctors" assigned to industrial plants; thus allowing each physician to carry a much greater case load.

2. Medical education.⁶ There are medical schools at the following places: Berlin, Bonn, Heidelberg, Breslau, Erlangen, Frankfurt am Main, Freiburg im Breisgau, Giessen, Gottingen, Greiswald, Halle-Wittenberg, Hamburg, Jena, Kiel, Cologne (Koln), Konigsberg, Leipzig, Marburg, Munich (Monchen), Munster, Rostock, Tübingen, Würzburg. There is also the Militärärztliche Akademie at Berlin. In 1941, 4,500 physicians were graduated from medical schools.

Since 1939, the medical course consists of ten semesters, including one year of clinical work. This represents a shortening of the entire course by one and one-half to two years. During the nine-week vacations of which there are three during a four-year period - medical students must work as nurses or hospital attendants. This work may be credited to their graduation requirements by substituting

it for the usual clinical experience, thereby shortening the course to four years (eight semesters). Courses in industrial medicine and aviation medicine have been introduced into the medical curricula. All male medical students are automatically in the military reserves, and go directly into military service upon graduation.

The University of Freiburg has refused new applicants for the 1943-1944 term because of a shortage of teaching facilities. Gottingen has taken in only 150 new students for this same term; its total enrollment for the winter term is 1479. Heidelberg now has 1,800 students most of whom are women. Tubingen has 1,529 enrolled students, as against 430 students in 1938-1939 and 1,357 in 1942-1943. At this same university there has recently been established a chair for tropical medicine in connection with the German Institute for Medical Missions.

3. Medical Facilities and Supplies. Appendices 4,5 and 6 give the total number of hospitals and similar institutions, and beds. Although the hospital facilities were relatively adequate during peacetime, they are not now adequate for the civilian population since they are being used increasingly for war casualties. There has been an official attempt to discourage hospitalization, and in at least one city - Munich - a central admission office was set up for all the hospitals in that city. Patients generally are advised to have home deliveries.

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Despite the great productive capacity which Germany had for the manufacture of medical equipment, it is fairly certain that shortages exist in all types of medical equipment, as is evidenced by the planned looting of all removable hospital accessories in the occupied countries. A military circular may be quoted here: "All physicians are directed to apply the greatest economy in the use of bandages and medicaments. Bandages must be washed and reused. This applies especially to elastic bandages. If new elastic bandages are requisitioned, the old ones must be turned in. Under no conditions may splints be thrown away; the padding is to be removed and the splints used again. Gauze and cotton wool must also be used very economically, and the greatest economy is required in the use of adhesive tape. Owing to the tight raw material situation, we have the greatest difficulties in obtaining these supplies. Often it suffices to use adhesive tape half the width of the roll. Drugs of any kind may be given only in really urgent cases. Only as much is to be dispensed as is actually used by the men. Under no conditions should soldiers be allowed to carry with them drugs prescribed some time in the past."

5

In 1942, it was extremely difficult to get prescriptions filled. In one area at least - Bad Nauheim - aspirin was unavailable, codeine and alcohol were difficult to get, and iodine non-existent. Sulfonam-

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ides could be obtained. Syringes and needles were of poor quality. There was a shortage of bandages, dressings, and so forth, and those available were ersatz. Rubber gloves were likewise of poor quality and very difficult to get.

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4. Vaccinations and immunizations. The only immunization compulsory by law is that for smallpox. All other prophylactic immunizations are voluntary, although on occasion local authorities have decreed the immunization of all school children in an affected area. The idea of immunization has never been a popular one in Germany; the opposition was heightened by the disastrous results of the experimentation with BCG vaccine in Lubeck in 1930.

25

D. Birth, Death, and Disease.

1. Birth and death rates. The causes of death in Germany for 1936 are given in Appendix 7. Although the Reich has used every propaganda method to inspire a greater birth rate, the rate has dropped in each of the last several years. In 1940, the rate for the large German towns was 17.5 per 1000 population; in 1941, 16.3; and in 1942, 13.9. The birth and death rates in Germany for 1937 are given in Appendix 8. The situation as regards the birth rate is so serious that it has evoked from Dr. Conti, in 1943, the comment that the population of Berlin will die out in three generations if the birth rate continues to decline as it is doing at present.

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A contradictory report states that births were 11.4 percent higher in the first three months of 1943 as compared with the same quarter of 1942, and that only in districts exposed to air raids was there a decrease, attributed to the evacuation of pregnant women to safer zones. 9
The great concern of the authorities with the falling birth-rate is shown in the decree forbidding the manufacture and sale of contraceptives in 1941, except for limited supplies for army use, marked "for prevention of disease only". Promulgation of birth control information is discouraged. Abortionists are liable to severe penalty, including death.

2. Infant Mortality rates. The infant mortality rates per thousand live births, based on the territory of 1937, and including Austria, Sudetenland, Danzig, and Memel, increased from 62 in 1938 to 70 in 1942. During the same period the United States rates ranged downward from 50 to 44. Tables for Germany and the United States are given below.

INFANT MORTALITY RATES PER 1000 LIVE BIRTHS IN GERMANY BASED ON TERRITORY OF 1937 INCLUDING AUSTRIA, SUDETEN DISTRICTS, DANZIG, AND MEMEL. 5

1938	62
1939	62
1940	65
1941	64
1942	70

10

UNITED STATES INFANT MORTALITY RATES PER 1000 LIVE BIRTHS

1938	50
1939	47
1940	46
1941	45
1942	44

In 1942, a competition was arranged among all practitioners to lower this high and increasing birthrate in Germany. Two prizes totaling 5,000 RM were to be given to the winners. It is unlikely that this commercial approach to an important health problem will be reflected in any immediate lowering of the infant mortality rate. Factors which contribute to keeping the rate high are shortages of physicians and hospital facilities, midwifery, malnutrition, poor living conditions, and maternal fatigue.

3. Diseases. The mortality and morbidity figures for the last five years are given in Appendix 9. It is evident that certain diseases stand out as particular problems at the present time. These include scarlet fever and diphtheria, which have been epidemic and tuberculosis, widespread in all age groups.

a. Tuberculosis. Dr. Leonardo Conti boasts that the tuberculosis mortality rate in Germany was only 81 per 100,000 population in 1942; this is almost double the United States' tuberculosis mortality of 45.9 per 100,000 population for the three-year period 1939-1942.¹¹

In April 1943, the Reich tuberculosis assistance scheme became effective. It applies to those having a taxable annual income below 7,200 RM., insofar as the necessary assistance is not granted by social insurance systems or guaranteed in other ways. The 7,200 RM. is raised to 8400 RM. for married people, to 9,000 RM. for

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married people with one child, and to 9,600 RM., 10,200 RM., and so forth for families with two, three or more children. Officials, employees, and workers of the Reich railways receive full assistance from the Railways themselves. This assistance includes home treatment, hospital and sanitarium care, and complete social security for the patients and their families.¹¹ Conti calls tuberculosis "the peril to our national strength" and states that this new scheme concentrates the protective organizations, which have hitherto operated separately, into two great protective groups, the Social Insurance Institutes for Insured Persons, and the Provincial or Gau Welfare Associations for non-insured persons with an annual income up to, for instance, 9,000 RM. for married people with one child.

Before the establishment of the new assistance scheme, tuberculosis patients who were not insured had to pay for themselves. The middle classes were often debt-ridden for the obligations involved in tuberculosis therapy and often the disease was neglected for purely financial reasons. Destitute patients had been cared for by the Public Assistance Offices. The new tuberculosis scheme has rendered a great service by allowing treatment and cure without expense to the individual and by granting support to the families engaged in war service. The Reich's expenditures on the new scheme is estimated at 20,000,000 to 25,000,000 RM. annually. In addition, there will be the

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additional expenditures by the Social Insurance Institutes, which will increase their benefits to adjust to the new scheme.¹²

Dr. Conti and the Berlin public health officer, Dr.

Sutterlin, further state that the reporting of tuberculosis is compulsory. The physician personally reports the case and the patient is invited to appear before the public health office. This office ascertains the names of individuals living in the patient's vicinity in order that they may be warned against infection through contact with the patient. The office not only compiles data but discusses the case with the public health workers and whenever possible arranges for a radiographic study. When necessary the patient is sent to a sanitarium, with the large insurance companies participating in the costs; otherwise, he is allowed to return home after having received the necessary sanitary instruction. If the patient stays at home, the public health office keeps his family under surveillance; they are examined from time to time, and workers from the office visit them periodically to make sure that the patient is properly isolated and following instructions. As long as patients are cared for in sanatoria, the office does not keep them under surveillance but as soon as a patient returns to his home he must submit to compulsory periodical examinations.^{11, 12}

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The anti-tuberculosis society works with the tuberculosis health office. Although theoretically public health workers may be men, in practice the greater part of the work is done by women who undergo a three-year training course and are given special instruction in tuberculosis. The scope of this work is illustrated by the following statistics; Berlin's 23 tuberculosis public health offices employed 41 physicians and 124 public health workers in 1941 and between them made 97,000 home visits in that year. Among the preventive measures is the examination of all persons in constant contact with children. All teachers, especially in kindergartens, are subject to compulsory medical examinations. However, house-servants are not included in these compulsory examinations.
11, 12

The statistical tables themselves give the best refutation of the above official enunciation of the Nazi public health leaders. Tuberculosis is widespread and on the increase in all its forms. The increase occurred despite the extensive anti-tuberculosis propaganda carried on by welfare and health organizations of the Reich. The Nazi campaign to employ tuberculous patients, forcing them to mingle freely with non-tuberculous workers, acts as an excellent method of spread. In August 1941, a circular was issued by the Ministry of the Interior and the Ministry of Labor, to the effect that the danger of infection in cases of tuberculosis was strictly limited and that as long as the

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cough was not too bad and the tuberculous person behaved in a disciplined manner, no further precautions at the place of work were necessary. The number of cases of open tuberculosis in industry is relatively high in spite of the precautions taken. Of 386 cases (men) in Berlin, 60 percent represented gainfully employed individuals.¹³

Other factors contributing to higher incidence of tuberculosis are lengthening of work hours, lowering of standards of living malnutrition - both overt and subclinical - and deficiencies in medical care. Although there are sporadic reports of tuberculosis roentgenographic surveys, using microfilm techniques, it is likely that these surveys are necessarily limited by personnel shortages. Even if the entire country were completely surveyed for new cases, the lack of facilities and the employment of tuberculous workers would prevent any progress. A further stumbling-block is the distribution of tuberculous dairy animals to the poor after condemnation. Inadequate supervision of dairy herds, and failure to condemn all tuberculous cattle are very serious since 35 percent of cattle stock are said to have tuberculosis.¹⁴

b. Diphtheria. The rising and widespread incidence of diphtheria for the years 1937-1942 is indicated by Appendix 9. The occurrence of 124,000 cases for the first 6 months of 1943 is compared

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with 121,000 cases for the same period in 1942 indicate that the disease is not under control. When all these figures are compared with the reported cases in the United States for the 5-year period 1937-1942 - a mean of 24,180 cases annually - it is seen that there has been no rigid application of known public health principles.¹⁰ Among the factors operating to increase the incidence of this disease are overcrowding in homes and in bomb shelters, malnutrition, lack of isolation and hospital facilities, and lay and medical indifference to immunization, as well as a possible serum shortage.

c. Scarlet fever. As compared with 127,482 and 126,395 cases of scarlet fever in the years 1941 and 1942 in the United States, Germany had 279,000 cases and 402,000, respectively, in those years (Appendix 9). The governmental health authorities seem to believe in the efficacy of anti-scarlet fever sera, judging by their regulations decreeing widespread immunization against the disease. Hitherto it is seen that the decrees have had little effect in decreasing the extent of the scarlet fever epidemic.

d. Trachoma. From 533 reported cases in 1938, trachoma cases have jumped to 5,600 in 1940, and 9,200 in 1941, and remain high in 1942 with 8,600 cases reported (Appendix 9).

e. Typhoid fever and paratyphoid fever. Typhoid fever, which was no major problem in 1937 and 1938, was reported in 1942 for 16,000 patients. Paratyphoid fever for the same year had increased to 6,000 cases.

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A total of 22,000 cases for these enteric diseases compares unfavorably with the reported incidence of 6,700 cases for 1942 in the whole United States (Appendix 9).

Reported cases for the first eight weeks of 1943, total 3,230.¹⁵ The continued upswing in the incidence of these diseases indicates that they will present a very serious disease problem.

f. Typhus (Fleckfieber). The table below gives the incidence and mortality from typhus during the past 5 years in Germany.

MORBIDITY AND MORTALITY FROM TYPHUS IN GERMANY 1939-1943

	1939	1940	1941	1942	1st quarter, 1943
Cases	2	556	1969	2043	969
Deaths	0	95	326	---	96

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It is evident that there has been a marked increase in the number of cases, and that the total for this year will be higher than for any of the preceding war years. At the end of August 1943, the Germans said that the disease had assumed epidemic proportions. Of the 969 reported cases in the first quarter of 1943, 889 are said to be among imported foreign workers, of whom 69 died of the disease.¹⁶ The elaborate precautions taken by the Nazis indicate their anxiety over epidemic spread. They have set up stations for the triple delousing of soldiers and civilians returning from the East. Chemically impregnated under-clothing, supposed to resist and kill the body louse, was reported invented this summer.¹⁷ A central institute for typhus control is said

to have been recently established in Berlin. Educational movies for the lay public have been prepared. Although one spokesman states that typhus vaccine exists in quantities sufficient to immunize everyone in the danger zones, it is highly improbable that this could be done if there were an epidemic.¹⁸ Soap shortages, malnutrition, shortages of medical personnel and facilities, all join to make typhus a very serious disease threat to the Reich, and the situation can only grow worse as the war continues.

g. Prostitution and venereal disease.⁵ The law of 13 February 1927, concerning the campaign against venereal diseases, abolishes all previous restrictions on prostitutes to carry on their profession in certain districts. It also allows anyone to rent living quarters to prostitutes over 18 years of age. In abolishing the former restrictions, which had proved to be of doubtful value and had possibly contributed to the exploitation of prostitutes, the law ceases to penalize the practice of prostitution as such. Insofar as penalties are retained, they are concerned only with the practice of prostitution in an "offensive" manner (accosting), or in forbidden neighborhoods near churches and schools.

The main emphasis of the statute is the requirement that persons infected with venereal diseases must pay frequent visits to

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physicians. In order to further this aim, the law provides the machinery for granting free treatment to indigent persons. All persons likely to spread venereal diseases (prostitutes) are made subject to a system of regular official medical control. Physicians in private practice are required to report to the public health authorities any infected person not following the prescribed treatment. Although this policy, especially during the economic crisis in the 1930's, led to a noticeable increase of the prostitutes on the streets, particularly in the urban centers, it is said to have had the advantage of effecting a higher degree of voluntary cooperation by prostitutes in the measures of health control.

Prior to assuming power, the Nazis tried to make political capital of what they called the lenient attitude of the Weimar Republic towards "Immorality". After first coming to power, the legislative changes were few, the most important being a sharp decrease in the punishment provided for procurers. On the other hand, police supervision soon became stricter. The problem of the control of prostitution seems not to have been of major importance before 1939. This fact may have been due partly to the greater promiscuity in the Third Reich and partly to the improvement of the economic situation,

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with the corresponding diminishing number of those who practised prostitution illegally. The following table gives the most recently available figures on the principal venereal diseases; ¹⁹

	Ratio of Syphilis to Gonorrhea Cases	New cases of Gonorrhea	New cases of Syphilis	New cases of venereal diseases per 10,000 popu- lation.	
				<u>Men</u>	<u>Women</u>
1927	1:3.6	273,000	75,000	66.4	23.1
1934	1:4.1	175,000	43,000	----	----
1940	1:4.7	161,000	34,000	23.1	12.9

Estimates of total number of persons
with syphilis

1930 700-900,000

1939 300-400,000

No increase in venereal disease incidence is shown by the above figures; but it should be remembered that there was little increase in the last war, the rate per thousand population rising only from 20.4 before the war to 20.5 during the war, while a great increase in the incidence of venereal diseases set in after the return of military personnel to civilian life. ²⁰

At the beginning of the present war there was an attempt to return to the method of restricting prostitutes to certain houses and districts. This was true particularly in regions having a large number of foreign workers, for whom a supply of foreign prostitutes, assigned to special houses, was introduced. Although the official

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reports on venereal disease are conflicting, it is a fair assumption that the war has brought an increase in venereal disease.

The health authorities, at any rate, must have thought so, when they took the initiative of putting the decree of 21 October 1940 on the statutebook. This decree formally legalized the return to the old practice of restricting prostitutes to certain areas to the various local health authorities.

In addition, the decree forces prostitutes to undergo a weekly examination by a venerologist. The physician reports his findings on a certificate to the health department, and records the examination in the control book of the prostitute. If she fails to submit to the examinations compulsory means are used. The law also puts heavy penalties on the infected persons who have intercourse, or those who refuse or stop medical treatment. It increases the physician's responsibility in reporting to the health authorities. The physician's duties have been considerably amplified in a later decree of 30 September 1942 which puts on him the burden of investigating the source of the infection in every individual case and of reporting his findings to the health authorities.

The practices, as they have developed under the social conditions now prevailing in Germany, constitute a complete reversal of the methods developed under the Republic. The emphasis on social controls has given way to older police methods. It is questionable

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whether the threat of severe penalties was instrumental in obtaining the voluntary cooperation of infected persons in seeking treatment at an early stage, or whether the duties laid on doctors to report to the health authorities have not undermined the confidence in them, and thus kept infected people away from treatment.

It is quite certain that we do not have a complete picture of the venereal disease incidence from any current German statistics, but it is fair to assume that the return of the peripatetic German army will result in a sharp upswing in the venereal disease curve.

h. ²¹Malaria. Although malaria is not as prevalent as it was 25 years ago, it remains endemic in many areas. The principal areas of endemicity are the Rhine Valley, the southwestern regions of the Steiermark and Burgenland, and the lowlands of northwestern Germany. In the Bratislava region, it is reported that approximately 10 percent of the population is malarious. Reports in 1939 indicated that there was an outbreak of considerable size in the Hannover area. The principal malaria vectors in all these regions are: Anopheles maculipennis messeae and Anopheles maculipennis atroparvus. In the region of Freiburg im Breisgau, Anopheles maculipennis typicus is also a malaria vector.

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4. Vitamins. During the winter months, the diets of heavy industrial workers were supplemented by vitamin preparations distributed in factories by the Labor Organization. Vitamins were not distributed to the unemployed, to workers over 65, or to children. In general, the public was unable up to 1942 to purchase vitamin preparations on the open market, nor was there any educational campaign to make them vitamin-conscious. I.G. Farben and Merck were the principal German manufacturers of synthetic vitamin preparations, the latter having exchanged processing information with its American counterpart probably until 1941. The Swiss division of Hoffman La Roche has also supplied large amounts of synthetic vitamin preparations.²² It is reported that Merck has recently ceased deliveries of vitamins to Switzerland (November 1943) and that their vitamin production has dropped 40 percent. This is said to be because of bomb damage to narcotics-producing plants which has forced Merck to substitute the manufacture of morphine for the army for vitamin manufacture.²³

E. Sanitation

A description of water supply in Germany will be found in CAD Handbook X; Public Works and Utilities, Section C. Prior to the war, water sanitation was at a high level. The increasing number of enteric diseases during the war years means that all waters are suspect until examined on the spot. In rural areas, the use of night-soil as fertilizer is a practice which facilitates the spread of enteric

diseases. Sewerage practices are described in CAD Handbook X, Section D. Street-cleaning and garbage removal are under state control and severe penalties are imposed for public nuisances.

Pasteurization, which was practised more widely in Germany than in any of the other Western European countries, was being neglected in 1942. Even in Berlin, the storekeeper dispensed milk by dropping into a large open vat and pouring it into containers brought by the customer. Such milk always left a heavy, dirty sediment on standing.²⁶ It is obvious that milk distributed in such fashion can be responsible for milk-borne epidemics.

APPENDIX 1. ORGANIZATION OF PUBLIC HEALTH SERVICES
IN GERMANY ¹

Der Öffentliche Gesundheitsdienst

(Numbers refer to corresponding numbers on chart.
English translation below.)

1. Reichs-und Preussisches Ministerium des Innern
(Ubt. Volksgesundheit)
2. Reichsstatthalter Landesregierungen.
3. Für Preussen Oberpräsidenten.
4. Regierungspräsidenten (Bezirksinstanz).
5. Gesundheitsämter in jedem Stadt-und Landkreis.
6. Reichsarbeitsministerium.
7. Reichsversicherungsamt.
8. Landesversicherungsanstalten.
9. Krankenkassen.
10. Reichsausschuss für Volksgesundheitsdienst beim Reichsund
Preussischen Ministerium des Innern.
 - a. Volkspflege: Rassenkunde, Rassenpflege,
Erbkunde, Erbpflege, Familienkunde, Familienpflege.
 - b. Allgemeine Gesundheitspflege: Volksernährung,
Bekämpfung der Volkskrankheiten und Volksschäden.
11. Arbeitsgemeinschaft mit:
 - a. Deutsche Gesellschaft für Rassenhygiene.
 - b. Reichsbund der Kinderreichen Deutschlands z.
Schutze d. Familie.
 - c. Volksbund der deutschen sippenkundlich Vereine.
 - d. Verband öffentl. Lebensversicherungsanstalten
Deutschlands.
 - e. Deutsches Hygiene-Museum.
 - f. Volksdeutsche Bühne.
 - g. Bund Kinderland.
12. Untergruppen des Reichsausschusses für Volksgesundheitsdienst.

13.
 - a. Reichsarbeitsgemeinschaft für Mutter und Kind.
 - b. Reichsarbeitsgemeinschaft zur Bekämpfung des Krüppeltums.
 - c. Reichsarbeitsgemeinschaft für Rauschgiftbekämpfung.
 - d. Reichsarbeitsgemeinschaft für Volksernährung.
 - e. Reichstuberkuloseausschuss.
 - f. Reichsarbeitsgemeinschaft für Krebsbekämpfung.
 - g. Reichsarbeitsgemeinschaft z. Bekämpfung der Geschlechtskrankheiten.
 - h. Reichsarbeitsgemeinschaft für Arznei und Heilmittelwesen.
 - i. Reichsarbeitsgemeinschaft für Krankenhauswesen.
 - j. Reichsarbeitsgemeinschaft für berufliche Gesundheitsführung.
 - k. Reichsarbeitsgemeinschaft für Rettungswesen.
14. Staatsmedizinische Akademie.
15. Landesgesundheitsrat --- Sachverständigenbeirat für Bevölkerungs- und Rassenpolitik.
16. Reichsgesundheitsamt mit wissenschaftlichen Instituten.
17. Rotes Kreuz -- Rettungswesen.
18. Öffentliche Wohlfahrtspflege.
19. Provinzialverwaltung.
20. Kreisverwaltung, Landrat, Stadtkreise.
21. Wohlfahrtsamt.
22. Jugendamt.
23. Standesamt.
24. Gesundheitsaussicht und Gesundheitsschutz: Uebersicht über das allgemeine Medizinalwesen (Aerzte, Zahnärzte, Apotheker, Heilpraktiker, ärztliches Hilfspersonal, Desinfektoren); beamtete Aerzte; Ueberwachung der Apotheken und des Verkehrs mit Arznei, Geheimmitteln und Giften; Aussicht über Krankenhäuser und -anstalten; Aussicht über Bäder, Krankentransport-, Rettungs- und Bestattungswesen; Seuchendbekämpfung; Wohnungs- und Ortshygiene; Mitwirkung bei Handhabung der Baupolizei, der Wasserversorgung und der Beseitigung der Abfallstoffe; Schutzpockenimpfung; Desinfektion; Schädlingsbekämpfung; Ungezieferbekämpfung; Wasser-, Boden- und Lufthygiene; Gewerbehygiene; Ueberwachung des Verkehrs mit Lebensmitteln, Milch, Fleisch

und Gebrauchsgegenständen, der Lebensmittelgeschäfte und-märkte; Zusammenarbeit mit dem öffentlichen Veterinärdienst; Gerichtsärztliche Tätigkeit (Begutachtung, Mitwirkung als Sachverständige usw.); Vertrauensärztliche Tätigkeit; Amts-ärztliche und ärztliche Zeugnisse für Behörden, Versicherungen und Privatpersonen.

25. Erb- und Rassenpflege:

Eheberatung; Durchführung des Ehegesundheitsgesetzes; Durchführung des Blutschutzgesetzes; Durchführung des Gesetzes zur Verhütung erbkranken Nachwuchses; Ehestands-darlehensuntersuchungen; Siedleruntersuchungen; Untersuchungen Einzubürgernder; Erbbiologische Kartei, Sippenpflege; Erziehung zu Erbgesundheit und Rassenreinheit; Erb- und Rassenkunde. (Vorträge und Ausstellungen.)

26. Gesundheitspflege:

Beratung für Schwangere; Wöchnerinnenbetreuung; Mütterberatung. Säuglingsfürsorge; Hebammenwesen; Beratung für Kleinkinder; Aussicht der Kinderheime, Kindergärten, Krippen u. dergl. Pflegekinderwesen; Schulgesundheitspflege, Schulzahn-pflege; Auswahl erholungsbedürftiger Kinder; Förderung der Körperpflege und Leibesübungen; Besichtigung sportlicher Anlagen; Beratungsstelle für Sportausübende; Mitwirkung beim Luftschutz-Sanitätsdienst; Volksbelehrung; Aussicht über Geisteskranke, Psychopathen, Epileptiker und Idioten; Aussenfürsorge für Geisteskranke; Aussicht über Privatpflegeanstalten für Geisteskranke; Sonstige Krankenfürsorge (Geschwulst-, Krebs-, Zuckerkrankte usw.); Alkohol- und Rauschgiftbekämpfung; Fürsorge für Süchtige, Sieche und Körperlich Behinderte; Beratung für Geschlechtskranke; Bekämpfung der Geschlechtskrankheiten; Beratung Tuberkulöser; Bekämpfung der Tuberkulose.

PUBLIC HEALTH SERVICE IN GERMANY (English translation of preceding list)

1. National and Prussian Ministries of the Interior.
2. National governors for the State governments.
3. Provincial governor of Prussia (highest officer of Prussia).
4. District governor (a district being a part of a Prussian province)

5. Health officers in each urban and rural county.
6. National Ministry of Labor.
7. National Insurance Department.
8. Provincial insurance divisions.
9. Workmen's sickness funds.
10. National Commission for Public Health Service in the National and Prussian Ministries of the Interior.
 - a. Public Welfare: science of race, race welfare, heredity, protection of heredity, science of the family, family welfare.
 - b. Health Welfare: nutrition, campaign against disease and injury.
11. Group cooperating with:
 - a. German Society for Race Hygiene.
 - b. National Association of Children's Societies of Germany for Protection of the Family.
 - c. People's Organization of German Genealogical Societies.
 - d. Society of Public Life Insurance Institutes of Germany.
 - e. German Hygiene Museum.
 - f. People's Theater.
 - g. Children's Land Society (for sending children to farms)
12. Sub-group of the National Committee for Public Health Service.
13.
 - a. National Committee for Maternal and Child Care.
 - b. National Committee for the Prevention of Crippling Disabilities.
 - c. National Committee against Drug Addiction.
 - d. National Committee for Public Nutrition.
 - e. National Tuberculosis Association.
 - f. National Anti-Cancer Association.
 - g. National Anti-Venereal Disease Association.
 - h. National Committee for Medications and Medical Equipment.
 - i. National Committee for Hospital Affairs.
 - j. National Committee for Professional Health Guidance.
 - k. National Committee for First Aid Activities.
14. State Academy of Medicine.
15. State Health Council for Population and Race Policies.

16. National Health Office with Scientific Institutions.
17. Red Cross -- First Aid Activities.
18. Public Welfare Activities.
19. Provincial Administration.
20. County Administration, County Administrator, Municipal Counties.
21. Welfare Office.
22. Youth Office.
23. Public Registrar.
24. Health Supervision and Protection: supervision of general medical affairs (doctors, dental surgeons, druggists, "health practitioners", medical assistants, exterminators); state-employed physicians; supervision of drugstores, of the handling of medications, of secret and poisonous chemicals; supervision of hospitals and institutions; supervision of baths, and ambulance, rescue, and burial services; campaigns against epidemics; housing, and sanitary hygiene; cooperation in matters of building inspection, water supply, and sewage disposal; small-pox vaccination; disinfection; campaign against noxious animals; campaign against vermin; water, soil, and air hygiene; industrial hygiene; supervision of food handlers of milk, meat, utensils, food stores and meat markets; cooperation with the public veterinary service; police doctors (expert testimony); company physicians; medical certificates for public authorities; insurance companies, and private individuals.
25. Genetics and Race Hygiene: Marriage Advisory Council; execution of the Marriage Health Law; execution of the Race Protection Law; execution of the Law for the Prevention of Children with Hereditary Diseases; examination of candidates for marriage loans; examination of prospective settlers; examination of candidates for naturalization; genealogical affairs and files; education in matters pertaining to inheritance-purity and race hygiene; science of heredity and race. (Lectures and exhibitions.)
26. Medical Care: prenatal advice; postpartem care; maternal advice; infant welfare; midwifery, pediatric advice, supervision

of children's homes, kindergartens, foster homes, and similar child welfare matters; school health care, school dental care; selection of children in need of recreational and health facilities; promotion of personal hygiene and athletics; inspection of athletic facilities; advisory of air raid precautions service; popular instruction; supervision of the insane; psychopaths, epileptics, and idiots; extra-mural care of the insane; supervision of private institutions for the insane; other medical care (tumors, cancer, diabetes, etc.); campaign against alcoholic and narcotic poisoning; care for drug addicts, invalids, and the physically handicapped; advice for venereal disease patients; anti-venereal disease campaign; advice for tuberculous patients; anti-tuberculosis campaign.

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APPENDIX 2. NUMBER OF HEALTH PERSONNEL IN THE REICH 1936 - 1939.

	<u>1936</u>	<u>1937</u>	<u>1938</u>	<u>1939</u>
Licensed physicians	47,844	48,848	49,732	47,725
Licensed dentists	13,037	13,966	14,833	15,006
Licensed pharmacists	11,461	11,549	11,819	12,432
Pharmacists' assistants	4,591	4,647	4,215	3,858
Midwives	25,765	25,143	24,377	23,745
Dental technicians	20,889	21,035	20,732	20,885
Bathers, masseurs, physiotherapists	12,140	12,682	12,370	12,431
General nurses	131,259	131,407	132,288	135,450
Pediatric nurses	9,202	9,787	10,633	11,002
Obstetrical nurses	1,333	1,517	1,478	1,483
Disinfectors (exterminators)	5,709	5,842	5,767	5,816
Unlicensed "health practitioners"	12,936	12,417	10,035	10,067
<u>TOTAL</u>	296,166	298,840	298,279	299,900
Men	132,322	133,275	131,653	129,828
Women	163,844	165,565	166,626	170,072

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APPENDIX 3. MEDICAL PERSONNEL, SPECIALISTS, 1938 & 1939. ²⁹

	Total number Jan. 1, 1938	All special- ists, Jan. 1, 1939	Total Number per 100 physic- ians	Women Total number	Number per 100 spec- ialists of the same spec- ialty
Surgeons	2454	2455	5.1	22	0.9
Obstetricians and Gynaecologists	1938	1802	3.8	114	6.3
Orthopedists	422	390	0.8	10	2.6
Oculists	1378	1252	2.6	66	5.3
Otorhinolaryngolo- gists	1590	1457	3.1	16	1.1
Dermatologists and venereologists	1694	1376	2.9	51	3.7
Urologists	228	196	0.4	1	0.5
Neurologists and psychiatrists	1604	1404	2.9	95	6.8
Röntgenologists	375	372	0.8	10	2.7
Oral surgeons	218	209	0.4	6	2.9
Internists	2400	2348	4.9	78	3.3
Gastroenterologists	210	131	0.3	-	-
Pulmonary disease specialists	592	572	1.2	40	7.0
Pediatricians	1244	1028	2.2	372	32.3
Total	16,437	14,992	31.4	841	5.6

APPENDIX 4. MEDICAL INSTITUTIONS IN GERMANY, 1 JANUARY 1938 30

Type	Number	Number of Beds
General hospitals	3,091	375,979
Institutions for tuberculosis - adults	202	28,112
Institutions for tuberculosis - children	37	5,174
Institutions for infants and children	163	16,281
Institutions with permanent medical facilities for cripples	44	8,278
Eye hospitals	96	3,576
Skin and venereal disease hospitals	36	3,022
Institutions, with permanent medical facilities, for the chronically ill or incurable	125	22,838
Hospitals for the insane, epileptics, etc.	266	177,723
Institutions for mental defectives	54	20,616
Hospitals for neuropathology	59	3,393
Institutions for alcoholics and drug addicts	14	644
Maternity hospitals	236	11,239
Gynecological institutions or clinics	112	2,981
Other specialized institutions	255	12,093
Sick-wards in penal institutions	98	3,541
Total for the Reich (including Ostmark Reichsgau but not the Sudetenland)	4,888	695,490

APPENDIX 5. HEALTH INSTITUTIONS OF THE PEICH, BUDGET YEAR, 1936.

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Number	Number of beds	Days of care given (millions)	Overhead expenses (food, house- hold) (millions, RM)	Personnel expenses (millions, RM)	Other expenses (millions, RM)	Income (millions, RM)	Contribu- tions from Province (millions, RM)	
Hospitals and sanitaria	65	69,257	26.0	22.6	35.7	23.7	66.6	15.4
Other institu- tions (invalids, handicapped, tuberculosis)	30	5,346	1.6	1.9	1.5	1.7	4.5	0.6
Training institu- tions for the deaf and dumb	27	1,180	0.5	1.2	3.0	0.6	1.5	3.3
Training institu- tions for the blind	11	1,945	0.6	1.2	1.7	0.9	2.0	1.8
Total	133	77,728	28.7	26.9	42.0	26.9	74.6	21.1

APPENDIX 6. NUMBER OF PERSONS CARED FOR AND TOTAL EXPENDITURES FOR WELFARE INSTITUTIONS OF
ASSOCIATIONS OF MUNICIPALITIES AND DISTRICTS ³¹

Budget Year	Number of persons cared for (thousands)				
	Sanitaria and Convalescent homes	Hospital and maternity homes	Institutions for insane, blind, deaf, dumb and crippled	Homes for aged and chronics, and other homes.	
1927	335.8	512.3	183.5	234.6	
1928	316.2	531.4	210.5	326.4	
1929	284.8	579.6	201.7	331.4	
1930	260.0	661.9	202.9	338.6	
1931	179.7	731.1	222.7	313.5	
1932	149.6	909.3	209.2	295.2	
1933	130.3	893.2	215.7	271.4	
1934	133.4	829.8	220.2	269.5	
1935	137.0	803.3	230.1	282.4	
1936	55.7 (adults only)	740.7	246.7	297.1	

APPENDIX 6 (CONT'D.)

TOTAL EXPENDITURES (MILLIONS OF RM.)

Budget Year	Sanitaria and convalescent homes	Hospital and maternity homes	Institutions for insane, blind, deaf, dumb and crippled	Homes for aged and chronics, and other homes
1927	39.2	76.4	149.6	85.0
1928	38.9	80.5	168.5	100.4
1929	37.7	89.3	176.0	112.2
1930	33.7	103.0	183.1	120.9
1931	23.5	114.3	181.0	101.8
1932	16.6	128.7	155.0	89.4
1933	15.8	139.8	156.6	88.8
1934	16.4	110.2	155.6	85.8
1935	17.0	110.0	158.9	89.5
1936	11.6 (adults only)	93.2	155.9	88.6

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APPENDIX 7. CAUSES OF DEATH, GERMANY, 1936

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<u>Causes of death</u>	<u>Number of deaths</u>
<u>A. Infectious and parasitic diseases</u>	<u>91,588</u>
1. Typhoid and paratyphoid fever	525
2. Typhus	0
3. Smallpox	0
4. Measles	1,843
5. Scarlet fever	1,313
6. Whooping cough	3,126
7. Diphtheria	7,372
8. Grippe	19,433
9. Dysentery	148
10. Plague	0
11. Pulmonary tuberculosis	40,240
12. Extra-pulmonary tuberculosis	7,267
13. Syphilis	2,334
14. Sepsis other than puerperal fever	3,215
15. Malaria	38
16. Parasitic diseases	92
17. Other infections and parasitic diseases	4,642
<u>B. Neoplastic diseases</u>	<u>103,988</u>
18. Malignant growths	98,693
19. Others	5,295
<u>C. Other general diseases</u>	<u>20,498</u>
20. Acute articular rheumatism	1,026
21. Chronic rheumatism and gout	2,264
22. Diabetes	12,983
23. Avitaminosis	888
24. Diseases of the thyroid and parathyroid glands	2,162
25. Other general diseases	1,175
<u>D. Diseases of the blood and bloodforming organs</u>	<u>5,217</u>
26. Anaemia	2,066
27. Leukemia and other diseases of the blood and the bloodforming organs	3,151
<u>E. Chronic poisonings</u>	<u>474</u>
28. Acute and chronic alcoholism	392
29. Other chronic poisonings	82
<u>F. Diseases of the central nervous system and the sensory organs</u>	<u>87,774</u>
30. Meningitis	2,613
31. Tabes dorsalis	939
32. Apoplexy and paralysis	65,304
33. Progressive paralysis	2,302
34. Schizophrenia and other mental diseases	1,556
35. Epilepsy	1,905
36. Other diseases of the nervous system	11,348
37. Diseases of the eyes, ears, and mastoid	1,807

<u>Causes of death</u>	<u>Number of deaths</u>
G. <u>Disease of the circulatory organs</u>	<u>133,054</u>
38. Pericarditis	531
39. Acute endocarditis	444
40. Chronic valvular inflammation and valvular defects	13,879
41. Myocardial disease	46,963
42. Coronary artery disease and angina pectoris	19,971
43. Other heart diseases	19,400
44. Aneurysm	134
45. Arteriosclerosis and gangrene	26,804
46. Other diseases of the circulatory organs	4,328
H. <u>Diseases of the respiratory organs</u>	<u>87,123</u>
47. Bronchitis	11,142
48. Pulmonitis	59,368
49. Pleurisy	3,099
50. Other diseases of the respiratory system	13,514
I. <u>Diseases of the digestive organs</u>	<u>50,032</u>
51. Stomach and duodenal ulcers	5,064
52. Gastro-enteritis (under 2 years old)	8,731
53. Gastro-enteritis and intestinal ulcers (2 or more years old)	2,849
54. Appendicitis	5,499
55. Hernia and intestinal obstructions	6,514
56. Cirrhosis of the liver	4,244
57. Gallstones and other liver and gallbladder diseases	8,252
58. Other diseases of the digestive organs	8,879
J. <u>Diseases of the uro-genital system</u>	<u>25,168</u>
59. Nephritis	11,985
60. Other kidney diseases	2,802
61. Urinary calculi	866
62. Bladder diseases	2,433
63. Diseases of the ureters	137
64. Diseases of the prostate gland	5,438
65. Non-venereal genital diseases	1,507
K. <u>Illnesses of pregnancy, delivery and puerperium</u>	<u>6,074</u>
66. Afebrile abortion and illnesses of pregnancy	751
67. Natal and postnatal metrorrhagia	567
68. Febrile abortions and puerperal fever	2,358
69. Toxomias of pregnancy	808
70. Other accidents at pregnancy, delivery and puerperium	1,590
L. <u>Diseases of the skin and subcutaneum</u>	<u>3,403</u>
M. <u>Diseases of the locomotor system</u>	<u>1,894</u>
N. <u>Congenital malformations (not counting still birth)</u>	<u>5,197</u>

<u>Causes of death</u>	<u>Number of deaths</u>
O. <u>Diseases of the newborn except for still birth</u>	<u>38,931</u>
71. Congenital debility	15,912
72. Premature births	16,520
73. Birth injuries (live births)	4,705
74. Other illnesses in children under 3 months	1,794
P. <u>Senility</u>	<u>71,542</u>
Q. <u>Additional causes of death</u>	<u>49,375</u>
75. Suicide	19,288
76. Homocide and manslaughter	785
77. Accidental death	28,916
78. Violent deaths (unclassified)	328
79. Deaths from war and execution in war	0
80. Legal execution	58
R. <u>Sudden death (cause undetermined)</u>	<u>14,461</u>
 <u>TOTAL</u>	 <u>795,793</u>

APPENDIX 8. BIRTH AND DEATH RATES, GERMANY, 1937 32

Live births	1,275,212
Still births	31,362
Deaths (excluding still births)	793,192
Surplus of births over deaths	482,020
Still births per 100 legitimate births	2.4
Births per 1000 inhabitants (not including still births)	18.8
Deaths per 1000 inhabitants (not including still births)	11.7

APPENDIX 9. INFECTIOUS DISEASES IN GERMANY

1937-1942 33

	<u>Incidence</u>		<u>Mortality</u>	
	<u>1937</u>	<u>1938</u>	<u>1937</u>	<u>1938</u>
Diphtheria	146,733	149,424	5,387	5,286
Scarlet fever	117,544	114,243	819	759
Pulmonary tuberculosis	63,570	60,420	33,236	30,623
Skin tuberculosis	1,042	1,039	---	---
Other forms of tuberculosis	---	---	---	3,132
Epidemic meningitis	1,574	1,826	780	842
Encephalitis lethargica	291	287	162	160
Acute anterior poliomyelitis	2,723	5,757	323	527
Trachoma	697	533	---	---
Typhoid fever	3,051	2,945	301	338
Paratyphoid fever	3,755	3,210	108	126
Dysentery	7,245	5,265	181	161
Bacterial food-poisoning	---	---	---	---
Puerperal fever	3,402	2,991	671	548
Puerperal fever after miscarriage	3,015	2,862	438	344
Dog bites by animals suspected as rabid	80	112	1	---
Anthrax	90	84	7	12
Psittacosis	22	37	6	6

APPENDIX 9 (CONT'D)

	Incidence					Mortality				
	1939	1940	1941	1942	1939	1940	1941	1942		
Diphtheria	174,014	174,052	204,918	280,731	7,560	8,500	9,607	14,764		
Scarlet fever	152,606	159,597	279,117	401,807	1,275	1,700	3,233	4,454		
Whooping cough	83,416	133,479	107,543	88,306	939	1,373	1,335	1,028		
Pulmonary and laryn- geal tuberculosis	77,687	98,062	117,558	127,248	33,423	42,989	49,653	53,999		
Skin tuberculosis	1,873	1,667	1,909	1,840	---	---	---	---		
Other forms of tuberculosis	6,620	9,779	15,512	17,033	3,475	4,867	5,636	6,101		
Cerebrospinal men- ingitis	6,232	7,211	4,767	2,765	2,415	2,099	1,367	947		
Encephalitis lethargica	536	786	658	426	296	295	294	236		
Acute anterior poliomyelitis	4,115	2,149	5,306	3,932	373	230	573	413		
Trachoma	774	5,586	9,196	8,564	---	---	---	---		
Typhoid fever	4,108	9,163	7,723	16,403	499	971	805	1,622		
Paratyphoid fever	3,893	4,197	4,883	6,078	144	183	156	187		
Dysentery	6,408	24,458	10,330	15,137	230	1,497	672	1,872		
Bacterial food- poisoning	2,330	3,158	2,255	1,940	66	121	84	83		
Weill's disease	141	84	90	103	28	17	17	5		
Puerperal fever	3,267	3,552	2,876	2,161	759	777	635	330		
Puerperal fever after miscarriage	2,280	1,930	1,936	1,590	338	317	330	355		
Anthrax	85	92	52	33	9	15	3	2		
Dog bites by animals suspected as rabid	354	2,099	1,136	781	---	18	6	3		
Psittacosis	25	30	17	6	3	4	1	2		
Bang's disease	327	264	229	202	7	9	10	1		
Malaria	344	422	1,607	711	6	3	3	3		

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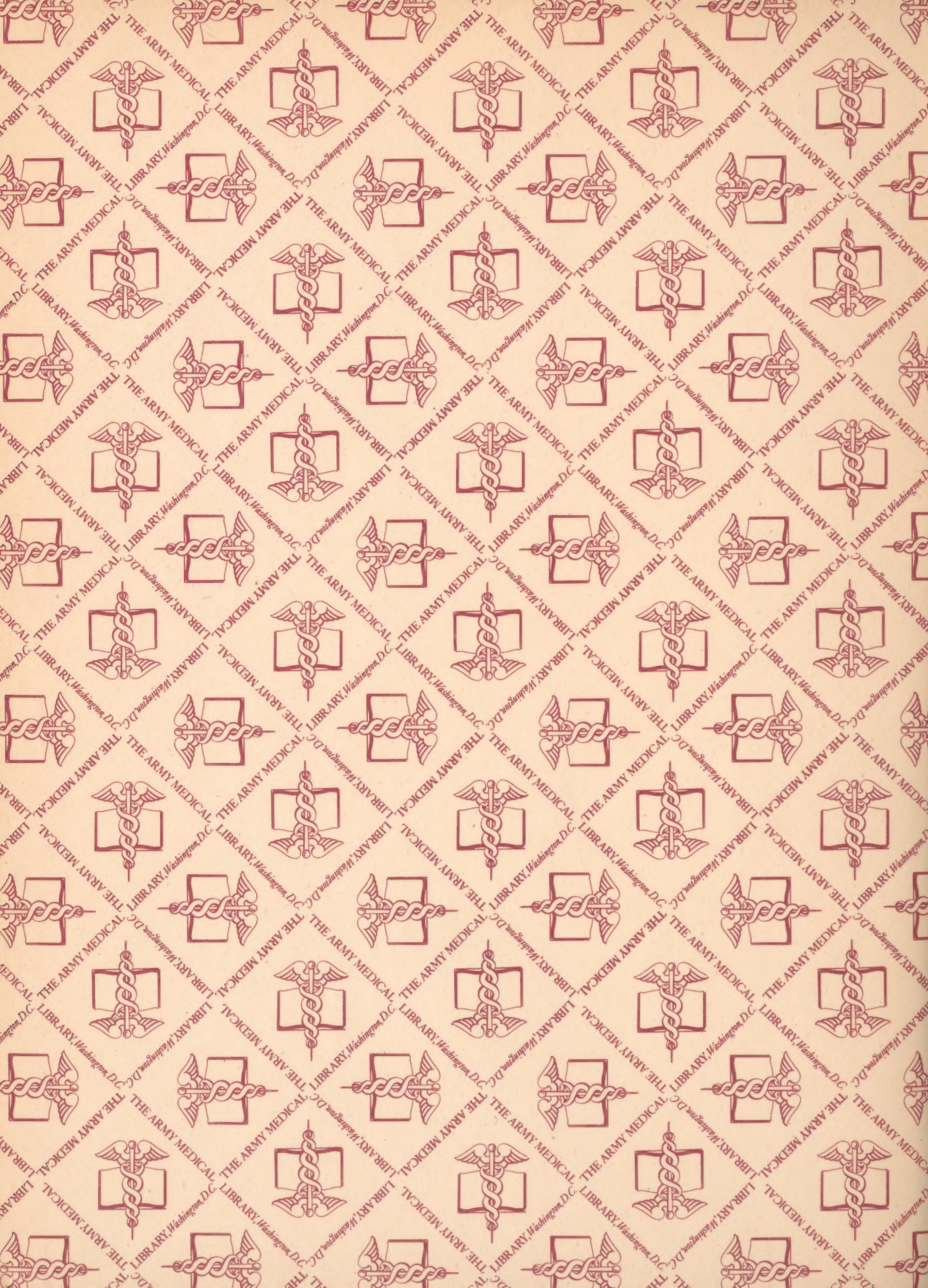
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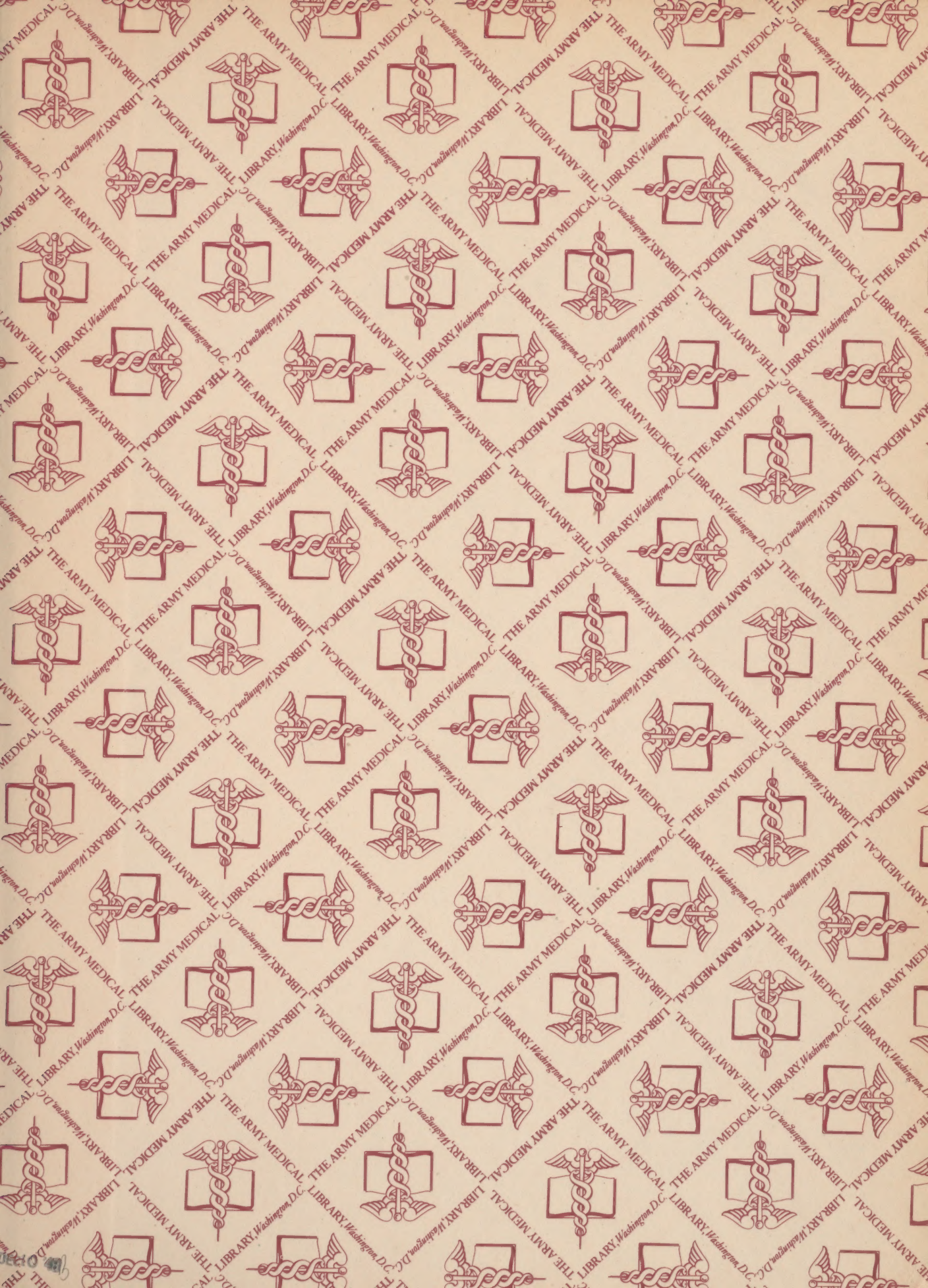
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